



STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES

TRANSMITTAL AUTHORIZATION FORM

In an effort to communicate important information to licensed providers in an efficient and timely manner, the Department of Human Services wishes to establish electronic communications with providers who have an active email account or fax number. This will allow us to communicate fingerprint background check results as well as other general notifications via email or fax. Please select from the following options:

**1. Background Check Results: (Please check one box)**

- ☐ Send by Email – E-Mail Address: \_\_\_\_\_
- ☐ Send by Fax – Fax Number: \_\_\_\_\_
- ☐ Send by Regular USPS Mail

**2. General Correspondence/Notifications from DHS (Please check one box)**

- ☐ Send by Email – E-Mail Address: \_\_\_\_\_
- ☐ Send by Regular USPS Mail

I, \_\_\_\_\_, owner/director of \_\_\_\_\_  
hereby authorize the Tennessee Department of Human Services to transmit my correspondence as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Agency ID Number (FEIN) # (including extension/suffix)

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☐ Multi-site Authorization Option – If you would like electronic communications for multi-site agencies to be sent to one address, please list the any additional Agency ID numbers and Extensions on the back of this form.

You may return this completed form to your Licensing Program Evaluator, or you may return it via the following:

**Fax : 615.532.9956**

**E-Mail: [CC-Criminal-Background-Inquiries.DHS@tn.gov](mailto:CC-Criminal-Background-Inquiries.DHS@tn.gov)**

**You will need to submit a new form if any of your contact information changes.**

Additional Agency ID Numbers for Multi-site Authorization Option:

Agency ID Number (FEIN) # (including extension/suffix)

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